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Navy Radiation Health Community in Action for Japanese Disaster Relief Efforts

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U.S. Navy Aviation Boatswain's Mate (Handler) 3rd Class Emmanuel Gedeon checks sprinklers during a countermeasure wash down to decontaminate the aircraft carrier USS Ronald Reagan (CVN 76) flight deck March 23, 2011, in the Pacific Ocean off the coast of Japan. Ronald Reagan was off the coast of Japan in support of Operation Tomodachi. (U.S. Navy photo by Mass Communication Specialist 3rd Class Kevin B. Gray/Released)

By Cmdr. Ted St. John, MSC, USN, PhD, Executive Officer, Naval Medical Research Unit San Antonio Marine Forces Pacific (MARFORPAC) Radiation Health Officer for Operation Tomodachi

There are few opportunities for radiation health professionals to take leading roles in disaster response. When operational commanders' humanitarian assistance efforts are confounded by radioactive fallout, they need the expertise the Navy Medical Service Corps can provide.

Radiation health officers (RHOS) normally fill a variety of diverse operational and support billets within the Navy and Marine Corps. These billets require expert knowledge of radiation and radioactive materials, such as personnel dosimetry throughout the Navy; radiation health programs in all naval hospitals, on carriers, submarine tenders and shipyards; management of the Navy's master radiological material program; radiological education, training and research; radiation safety; health care including nuclear medicine, radiology and radiation oncology; public health; medical intelligence; policy and oversight.

RHOs and radiation health technologists (RHTs) are trained to understand and explain the risks and benefits of radiation; they do it routinely in hospitals and wherever radioactive sources are used for industrial applications.

Risk communication is just a small part of what nearly half of the Navy's RHO community and several RHTs have been doing since the Japanese reactors in Fukushima Prefecture made world headlines. The plant suffered major damage from the 9.0 earthquake and subsequent tsunami that hit Japan March 11, 2011. The Navy Surgeon General was briefed by

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Cmdr. Chad Mitchell, the RHO specialty leader, about how he intended to engage Navy RHOs to support the Sailors and Marines stationed in Japan and those aboard ships steaming within range of the expected radioactive plume.

Most of the RHOs who were tasked to respond did so within 48 hours of being contacted. The most important and immediate impact was the assurance they provided – that personnel and equipment were not in any immediate danger. Without that assurance, commanding officers might have been uncertain about their ability to meet their mission requirements and their crews would have been subjected to high levels of stress that comes from fear of the unknown.

As an RHO myself, I was assigned to Lt. Gen. Thiessen, Commanding General Marine Forces Pacific and the Pacific Command Joint Radiation Health Working Group at Camp Smith, Hawaii along with Capt. Brendan Glennon and Cmdr. Jim Cassata. Together we worked with Army and Air Force radiation health experts to establish the hub of communications for a worldwide network of radiation health experts, including Navy RHOs in the U.S., representatives from Naval Reactors, Army and Air Force Public Health Centers and all of the RHOs in theater. They collected, shared and analyzed data, advised Rear Adm. Michael Mittelman, U.S. Pacific Command (PACOM) Surgeon, and recommended guidance and policies for U.S. forces in Japan.

Lt. Cmdr. Thad Sharp arrived in Japan with two RHTs – Hospital Corpsman 1st Class Michel and Hospital Corpsman Seaman Bethany—and began working with Lt. Donald Ordianrio, the RHO stationed at Naval Hospital Yokosuka, Japan. They finalized plans for issuing dosimetry when it arrived and conducted area radiation monitoring. They also worked in concert with the Air Force Radiation Assessment Team (AFRAT). The AFRAT provided Electronic Personal Dosimeters (EPDs) to Marines operateing in the “warm zone” or the “hot zone” until the Navy’s dosimetry arrived. The cooperative efforts of multiple services were key factors to the success of this mission.

Cmdr. Lisa Kennemur from the Naval Dosimetry Center in Bethesda, Md., directed her staff to meet unprecedented requirements- to package and ship 13,000 thermo-luminescence Dosimeters (TLDs) to Japan in a matter of weeks while keeping up with their normal full-time customer load.

The immediate response phase lasted nearly six weeks. By then, it was clear there was no significant health risk due to radiation and several RHOs returned to their regular jobs. In order to determine the long-term risk and to provide documented evidence that Sailors and Marines did not ingest any significant quantities of radiation, RHOs were assigned the monumental task of conducting internal monitoring and dose reconstruction of all personnel in the area at the time of the accident and those who provided humanitarian assistance. Three whole-body counters and 30 portable scintillation counters were sent to Japan while Glennon and Cassata wrote a detailed concept of operations and a dosimetry algorithm at PACOM. Lt. Cmdr. Reed Selwyn provided technical assistance on the dose algorithm from Uniformed Services University in Bethesda.

Thanks to the combined efforts of all radiation health professionals who supported Operation Tomodachi, there were no incidents or mission degradations attributable to radiation or even the fear of radiation exposure and I feel proud and honored to have played such an active role in Navy Medicine’s assistance to Japan during Operation Tomadachi.

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